S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 397

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1424

Registrar's No. 225

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4526 Montgall (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community ____ years, months or days) 17 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 4526 Montgall (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Martha Ann Simms

3. (b) If veteran, name war ____

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Feb. (Month) 4 (Day) 1862 (Year)

8. AGE: Years 79 | Months 11 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace near Harrisonville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business ____

MOTHER FATHER

12. Name Joel Warren

13. Birthplace ____ (City, town, or county) 9 (State or foreign country)

14. Maiden name ____

15. Birthplace ____ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hugh Hoye, son

(b) Address 4526 Montgall

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Fitts Chapel Cemetery, Harrisonville, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 1/18/42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month ____ day 1-16-42 year ____ hour ____ minute 12 30 P.M.

21. I hereby certify that I attended the deceased from ____ to ____, 19____; that I last saw h[illegible] alive on ____, 19____; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death ____

Hydrothorax

Due to Hypertensive heart disease

Due to Obesity

Other conditions (Include pregnancy within 3 months of death) G3 P2

Major findings:
Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Victor H. Bruhn (M. D. or other)

Address K. C. Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. B H Blackwell

Licensed Embalmer No. 2244

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**